



TE AWAMUTU COLLEGE

Year 9 2011 Enrolment Form - Date: _____ ID: _____

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|--------------|------------|------------------|--------|-----------------------------|
| Surname: | | Male | Female | ____/____/____ Birthdate |
| First Names: | Name Used: | Previous School: | | |

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|--|---|
| Ethnic Group: (✓ group to which you feel you belong) Māori: <input type="checkbox"/> New Zealander/European: <input type="checkbox"/> Other: <input type="checkbox"/> (Please specify) _____ Country of Origin (if not New Zealand): _____ Main language spoken at home (if not English): _____ Iwi affiliation : (Students may identify up to three iwi affiliations – use codes on Reference Card) _____ | Medical Notes for Class Teachers' Information (e.g. allergies, asthma, diabetes, epilepsy) _____ Any additional information, which may affect your child at school (e.g. Custody/Access arrangements, Special Learning or Behavioural Needs): _____ _____ _____ |
|--|---|

| Student Residential Address | Student Postal Address | Names of Siblings Currently Attending College |
|-----------------------------|------------------------|---|
| | | |
| | | |
| | Postcode: | |

| PARENT / CAREGIVER INFORMATION | | | |
|--------------------------------|--------------------------|---------|----------|
| First Name: | Home Ph: | Mobile: | Work Ph: |
| Surname: | Occupation: | | |
| Postal Address: | Relationship to Student: | | |
| Email (most commonly used): | | | |

| PARENT / CAREGIVER INFORMATION | | | |
|--------------------------------|--------------------------|---------|----------|
| First Name: | Home Ph: | Mobile: | Work Ph: |
| Surname: | Occupation: | | |
| Postal Address: | Relationship to Student: | | |
| Email (most commonly used): | | | |

| EMERGENCY CONTACT | | | |
|-------------------|--------------------------|---------|----------|
| First Name: | Home Ph: | Mobile: | Work Ph: |
| Surname: | Relationship to Student: | | |

Please note that the details of course information are on the back of this form